

# Exhibit B



U.S. Department of Justice

Federal Bureau of Prisons

*Northeast Regional Office*

*U.S. Custom House - 7th Floor  
2nd & Chestnut Streets  
Philadelphia, PA. 19106*

November 26, 2003

Tony Coster, Register No. 31805-060  
Federal Medical Center - Rochester  
P.O. Box 4000  
Rochester, MN 55903-4000

Re: Administrative Tort Claim Dated November 14, 2003  
Claim No. TRT-NER-2004-00857

Dear Mr. Coster:

This office is in receipt of your tort claim in which you seek to be compensated in the amount of \$6,000,000.00 for alleged personal injury suffered "until March 2003." This claim was received in this office on November 20, 2003. This tort claim is rejected because there does not appear to be any allegations concerning an employee of the Bureau of Prisons. If you are making such an allegation, please provide more specific information regarding the location, date and facts concerning the alleged acts.

Accordingly, I am returning your claim for such action as you deem appropriate. If you wish to resubmit your claim with the above-noted information included, we will consider your request for administrative settlement.

Sincerely,

Handwritten signature of Henry J. Sadowski.  
Henry J. Sadowski  
Regional Counsel

Enclosure

cc: File

TRT-NER-2004-00857

CLAIM FOR DAMAGE, INJURY, OR DEATH	INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.	FORM APPROVED OMB NO. 1105-0008
---------------------------------------	---	------------------------------------

1. Submit To Appropriate Federal Agency Bureau of Prisons U.S. Customs 7th Fl Pennsylvania, PA 19106	2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and ZIP Code) Tony Coster Fed. Reg. No. 31805-060 Federal Medical Center PMB 4000, Rochester, MN 55903-4000
---	--

3. TYPE OF EMPLOYMENT <input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH none	5. MARITAL STATUS single	6. DATE AND DAY OF ACCIDENT until march 2003	7. TIME (A.M. OR P.M.) n/a
---	--------------------------	-----------------------------	---	-------------------------------

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

Negligence in diagnosing cancer when I complained for three years about the pain I was experiencing.

9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code)
---

n/a

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on the reverse side.)

Cancer progressed from a small lump in my groin to a large tumor the size of a grapefruit before treatment. Condition now terminal.

10. PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEASED.
---

See above

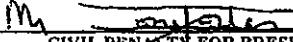
NOV 20 2003

11. WITNESSES
---------------

NAME none	ADDRESS (Number, street, city, State, and ZIP Code)
--------------	---

12. (See instructions on reverse)			
12a. PROPERTY DAMAGE -0-	12b. PERSONAL INJURY \$6,000,000.00	12c. WRONGFUL DEATH -0- (premature)	12d. TOTAL (Failure to specify may cause forfeiture of your rights) \$6,000,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) 	13b. Phone Number of signatory n/a	14. DATE OF CLAIM November 14, 2003
---	---------------------------------------	--

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)